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Bib Data Sheet

CONFIRMATION NO. 1663

SERIAL NUMBER 09/305,146	FILING DATE 05/04/1999 RULE	CLASS 705	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. AND1P069
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APPLICANTS

GEORGE V. GUYAN, BETHLEHEM, PA;
 ROBERT H. PISH, MINNEAPOLIS, MN;

** CONTINUING DATA ***** *SL Note*** FOREIGN APPLICATIONS ***** *SL Note*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 05/26/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	PA	18	21	3
Verified and Acknowledged	Examiner's Signature <i>SL</i> Initials				

ADDRESS

28164
 BRINKS HOFER GILSON & LIONE
 P.O BOX 10395
 CHICAGO , IL
 60610

TITLE

METHOD AND ARTICLE OF MANUFACTURING FOR COMPONENT BASED INFORMATION LINKING
 DURING CLAIM PROCESSING

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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ROBERT H. PISH, MINNEAPOLIS, MN;

** CONTINUING DATA *****

SL NONE

** FOREIGN APPLICATIONS *****

SL NONE

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** 05/26/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
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RECEIVED		

SERIAL NUMBER 09/305,146	FILING DATE 05/04/99	CLASS 705	GROUP ART.UNIT 2761	ATTORNEY DOCKET NO. AND1P069
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APPLICANT
GEORGE V. GUYAN, BETHLEHEM, PA; ROBERT H. PISH, MINNEAPOLIS, MN.

CONTINUING DOMESTIC DATA***

VERIFIED
g. wiles

371 (NAT'L STAGE) DATA***

VERIFIED
g. wiles

FOREIGN APPLICATIONS***

VERIFIED
g. wiles

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/26/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 18	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
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ADDRESS Verified and Acknowledged Examiner's initials	Initials	HICKMAN STEPHENS & COLEMAN LLP- OPPENHEIMER Wolff & Donnelly, LLP (ACCEN) P.O. BOX 52037 PALO ALTO CA 94303-0746 1400 PAGE MILL ROAD Customer # 29838
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TITLE METHOD AND ARTICLE OF MANUFACTURING FOR COMPONENT BASED INFORMATION LINKING DURING CLAIM PROCESSING

FILING FEE RECEIVED \$908	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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